

Indiana Family and Social Services Administration

Division of Mental Health and Addiction

Respite Care Provider Certification – Agency Form

Name of Agency: _____ Date: _____

Name of person completing form: _____

Email/Phone Number of person completing form: _____

Type of respite your agency will provide (circle all that apply): Routine Crisis Certified PRTF

All agencies must attach copy of at least one of the following:

- ☐ Certification by the Division of Mental Health and Addiction (DMHA) as a Community Mental Health Center
- ☐ Approved accreditation by a nationally recognized accrediting body: AAAHC, COA, URAC, CARF, ACAC, JCAHO, OR NCQA
- ☐ Articles of Incorporation

All agencies must provide documentation of appropriate licensure:

1. Emergency shelters licensed under IC 31-27-5
2. Special needs foster homes licensed under IC 31-27-4
3. Therapeutic foster homes licensed under IC 31-27-4
4. Other child caring institutions licensed under IC 31-27-3
5. Child Care Centers, Child Care Homes, or School Age Child Care Project licensed under IC 12-17-4 through 5 and 12
6. Medicaid certified PRTF under 405 IAC 5-20-3.1 and licensed under 465 IAC 2-11-1 as a private secure residential facility

All provider agencies must maintain documentation that all other standards are met for the individuals providing the service, and have records available for DMHA to complete audits;

1. At least 21 years of age;
2. High school diploma or equivalent;
3. Two years paid, volunteer, or persona experience with children with SED/youth with serious MI;
4. System of Care Training;
5. Participation on Child and Family Teams Training;
6. DMHA Waiver Provider Training;
7. Indiana State Police criminal background check;
8. Indiana Department of Child Services child abuse registry screen;
9. 5-panel Drug Screen.

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. DMHA is responsible for verifying an agency meets the above qualifications initially and at renewal of license or accreditation.

*Agencies without an approved accreditation must complete the individual form and submit to DMHA for approval on all individuals that will provide the service.

Indiana Family and Social Services Administration

Division of Mental Health and Addiction

Respite Care Provider Certification- Individual Form

Name: _____ Date: _____

Type of respite that you will provide (circle all that apply): Routine Crisis

Please attach the following documentation:

- ☐ Copy of picture identification card to verify at least 21 years of age (Picture of person on card must be recognizable.)
- ☐ Copy of High school diploma or equivalent
- ☐ Explanation of two years paid or personal experience with children with SED/youth with serious mental illness (This must be typed and in paragraph form.)
- ☐ Certification from training on System of Care
- ☐ Certification from training on Participation on Child and Family Teams
- ☐ Certification from DMHA Waiver Provider Training
- ☐ Copy of State and local criminal background screens (This must be dated within one year.)
- ☐ Copy of Child Protective Services registry screen (This must be dated within one year.)
- ☐ Copy of Drug screen (This must be a 5 panel test.)

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. DMHA is responsible for verifying an individual meets the above qualifications initially and at renewal of license or accreditation.